

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

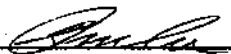
PRINTED: 01/15/2010
FORM APPROVED
OMB NO. 0938-0391

45th 2/27/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445343	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2010
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NAME OF PROVIDER OR SUPPLIER BRIDGE AT SOUTH PITTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the corridor doors.</p> <p>The findings included:</p> <p>During the facility tour on 1/12/10 the following deficiencies were noted and verified by the maintenance staff.</p> <p>At 8:28 AM, observation of the station 2 nurses' station revealed the office door and the pantry door was being held open with pegs. National Fire Protection Association (NFPA). 101, 7.2.1.8.1</p>	K 018	<p>K 018 NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the doors closed. Dutch doors meeting 19.6.6.3.6 are permitted. 12.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>Hall 2 nurses station door was propped open with pegs. The pegs were removed immediately from the door to allow it to close.</p> <p>All residents have the potential to be affected by a deficient practice.</p> <p>Maintenance will in-service staff regarding fire safety related to doors being propped open. The charge nurse will check doors during each shift to maintain compliance. Maintenance will check doors throughout the weekday while on duty.</p> <p>Maintenance will create an audit tool and report findings in morning meeting to department heads. Concerns or issues will be identified and corrected and monitored in QA.</p>	2-12-10
K 047	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>	K 047		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1/29/2010
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 047 SS=D	Continued From page 1 Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain exit signs. The finding included: During the facility tour on 1/12/10 the following deficiencies were noted and verified by the maintenance staff. At 8:15 AM, observation of the corridor by room 101 revealed the exit light was out. National Fire Protection Association (NFPA). 101, 7.10.5.1 NFPA 101 LIFE SAFETY CODE STANDARD	K 047	K047 NFPA 101 Life safety code standard Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 Exit light on 100 hall had one bulb of two not illuminating. Blown bulb was immediately replaced when identified. All residents have the potential to be affected. Exit lights are checked throughout the weekday by maintenance. Maintenance to in-service staff related to notifying plant ops director when exit sign not illuminating. Staff to place in maintenance log when issue identified. Plant ops director will check signs throughout the weekday.		1-12-10
K 062 SS=D	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system. The findings included: During the facility tour on 1/12/10 the following	K 062	K062 NFPA 101 Life safety code standard Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Cart was stored in the kitchen cooler within the 18inch rule of the sprinkler system. Plant ops immediately removed the cart and adjusted the height to fit in the cooler appropriately.		1-12-10

JAN 29 2010

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K 062	Continued From page 2 deficiencies were noted and verified by the maintenance staff.	K 062	All facility residents have the potential to be affected.		
K 067 SS=D	At 9:00 AM, observation of the kitchen revealed a cart was stored with-in the 18-inch rule of the sprinkler head in the cooler. National Fire protection Association (NFPA). 13, 5.5.6. NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the HVAC system. The findings included: During the facility tour on 1/12/10 the following deficiencies were noted and verified by the maintenance staff. At 9:00 AM, observation of the kitchen revealed no door closure on the mop closet. National Fire Protection Association (NFPA). 101, 19.5.2.1 NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by:	K 067	All storage areas within the facility will be audited by plant ops director weekly times four weeks and then monthly thereafter to ensure items are not stored within 18 inches of the ceiling. The plants ops director will report findings to the administrative team throughout the week. Any deficient practice will be addressed and corrections made immediately and reported in QA monthly. K067 NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 The door closure on the mop closet in the kitchen was not present. Plant ops will install the door closure on the mop closet in the kitchen. All residents have the potential to be affected. Plant ops and environmental services will inspect all door closures for proper closure weekly times four weeks and then monthly thereafter. The plants ops director will report findings to the administrative team throughout the week. Any deficient practice will be addressed and corrections made immediately and reported in QA monthly	2-12-10	
K 147 SS=D		K 147		1-26-10	

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K 147	<p>Continued From page 3</p> <p>Based on observation, it was determined the facility failed to maintain the electrical system.</p> <p>The findings included:</p> <p>During the facility tour on 1/12/10 the following deficiencies were noted and verified by the maintenance staff.</p> <p>At 8:27 AM, observation of the public shower by room 118 revealed a broken light cover. National Fire Protection Association (NFPA). 70, 110-12</p> <p>At 8:45 AM, observation of the station 2 dining room revealed the electrical panel was blocked with equipment. NFPA 70, 110-26(a)</p>	K 147	<p>K147 NFPA 101 Life safety code standard</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2.</p> <p>On 100 hall in the shower room a broken light cover was revealed. The plant ops director immediately replaced the light fixture. Electrical panel was blocked in station 2 dining room. Plant ops removed resident from area.</p> <p>All resident have the potential to be affected. Plant ops replaced lighting and removed resident from panel.</p> <p>Maintenance director will in-service staff related to reporting process for maintenance issues and keeping area clear. Staff will place environmental concerns in maintenance log at nurses station. Maintenance logs are checked throughout the weekday by the plant ops director. Signage to be placed at electrical panels.</p> <p>The plants ops director will report findings to the administrative team throughout the week. Any deficient practice will be addressed and corrections made immediately and reported in QA monthly</p>		2-12-10

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